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10 *Attorneys for Plaintiff*

11 UNITED STATES DISTRICT COURT
12 CENTRAL DISTRICT OF CALIFORNIA
13

14 DAISY ALVAREZ, individually and as
15 successor in interest to Ricardo
Andrade, deceased,

16 Plaintiff,

17 vs.

18 CITY OF PASADENA and DOES 1-
19 10, inclusive,

20 Defendants.
21 .

Case No. 2:25-cv-02490

**DECLARATION OF DAISY
ALVAREZ, SUCCESSOR IN
INTEREST TO RICARDO
ANDRADE**

[Cal. Code Civ. Proc. §373]

22
23 **C.C.P. 377.32 DECLARATION OF DAISY ALVAREZ,**
24 **SUCCESSOR IN INTEREST TO RICARDO ANDRADE**
25

26 I, Daisy Alvarez, do hereby declare as follows:
27
28

1 1. My name is Daisy Alvarez. I am a competent adult over the age
2 of eighteen and the natural mother of Ricardo Andrade.

3 2. I am personally familiar with the facts contained herein and
4 would and could competently testify thereto if called upon to do so.

5 3. The decedent's name is Ricardo Andrade ("Decedent").

6 4. Decedent is my natural son.

7 5. Decedent passed away on April 13, 2024, in Pasadena,
8 California.

9 6. No proceeding is now pending in California for administration of
10 Decedent's estate.

11 7. I am Decedent's successor in interest as defined in Section
12 377.11 of the California Code of Civil Procedure and I succeed to Decedent's
13 interest in this action or proceeding as the biological mother of Decedent.

14 8. No other person has a superior right to commence the action or
15 Proceeding.

16 9. A copy of the death certificate of Decedent is attached hereto as
17 "Exhibit A."

18 I, Daisy Alvarez, declare under penalty of perjury under the laws of the
19 State of California that the foregoing is true and correct.

20
21 Executed this 14 day of March 2025, in Sycamore, Illinois.

22 *Daisy Alvarez*

23 _____
24 Daisy Alvarez

EXHIBIT A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

3052024090782

CERTIFICATE OF DEATH

3202463000437

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RICARDO				ANDRADE	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
RICARDO G. ANDRADE		06/15/1987		36	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		UNK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDP* (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
NEVER MARRIED		04/13/2024		2151	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		<input checked="" type="checkbox"/> YES MEXICAN		<input type="checkbox"/> NO WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
DRIVER		TRANSPORTATION		10	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
5222 BELLINGHAM AVENUE, # 1					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
VALLEY VILLAGE		LOS ANGELES		91607	
24. YEARS IN COUNTRY		25. STATE/FOREIGN COUNTRY			
36		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
DAISY H. ALVAREZ, MOTHER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and ZIP)					
5222 BELLINGHAM AVENUE, # 1, VALLEY VILLAGE, CA 91607					
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
RICARDO				ANDRADE	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
MEXICO		DAISY		H.	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
ALVAREZ		MEXICO			
39. DISPOSITION DATE mm/dd/yyyy					
05/07/2024					
40. PLACE OF FINAL DISPOSITION					
RESIDENCE OF DAISY H. ALVAREZ					
5222 BELLINGHAM AVENUE, # 1, VALLEY VILLAGE, CA 91607					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CREMATE/RESIDENCE		STEPHEN M NICHOLS		EMB9108	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
ABBOTT & HAST		FD1399		YING-YING GOH, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy	
04/30/2024		YING-YING GOH, MD		04/30/2024	
101. PLACE OF DEATH					
HUNTINGTON HOSPITAL					
102. IF OTHER THAN HOSPITAL, SPECIFY ONE					
<input type="checkbox"/> p <input checked="" type="checkbox"/> ERVQ <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
LOS ANGELES		100 WEST CALIFORNIA BOULEVARD		PASADENA	
107. CAUSE OF DEATH					
Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
(A) MULTIPLE GUNSHOT WOUNDS					
108. DEATH REPORTED TO CORONER?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BIOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
NO					
113A. DECEDENT PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
Decedent Attended Since Decedent Last Seen Alive					
(A) mm/dd/yyyy (B) mm/dd/yyyy					
115. SIGNATURE AND TITLE OF CERTIFIER					
116. LICENSE NUMBER 117. DATE mm/dd/yyyy					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input type="checkbox"/> natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)					
04/13/2024 UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
OTHER: BACKYARD					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
OFFICER INVOLVED SHOOTING					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
755 OAK KNOLL CIRCLE, PASADENA, CA 91106					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
EVONNE R-JACKSON					
127. DATE mm/dd/yyyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
04/29/2024 EVONNE R-JACKSON, DEP CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

Ying-Ying Goh
YING-YING GOH, MD
HEALTH OFFICER

6 May 2024
DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the seal and signature of the Registrar.



000537506

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE